



Village of

Barrington

Department of Building & Planning
200 South Hough Street * Barrington, IL 60010
Phone 847-304-3460 * Fax 847-381-1056

TEMPORARY TENT PERMIT

Date	_____	
Organization Name	_____	Phone: _____
Applicant Name	_____	Phone: _____
Address	_____ _____	
Name/Type of Event	_____	
Date of Event	_____	
Date of Tent Set -up	_____	
Date of Tent Removal	_____	
Describe Exact Location of Tent	_____ _____ _____	

SUBMITTAL REQUIREMENTS

1. Please provide a sketch of the tent location in relation to the property lines.
2. Please provide Certificate of Insurance and Certificate of Flame Retardency one week prior to date of tent set-up.

APPLICANT SIGNATURE: _____

	FOR OFFICE USE ONLY
Date Request Received _____	
Staff recommendation _____	
cc: Police Desk – Communications Department of Public Works	Date Approved/Denied _____
	Approved by _____
	Follow up Date _____
	Mailing Date _____